MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045383 STATE FILE NUMBER

11281

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. _____

FILED NOV 22 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
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BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
   a. COUNTY
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo.
   Length of stay in 1b
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis City Hosp. #1 — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: Missouri b. COUNTY
   c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☑ No ☐
   d. STREET ADDRESS (If outside, give location): 4537 Swan Ave. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Archie; Middle: NMI; Last: Dix

4. DATE OF DEATH: Month: Nov. Day: 12 Year: 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5-19-1890

9. AGE (last birthday): 73 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesperson

10b. KIND OF BUSINESS OR INDUSTRY: Good Will Inc.

11. BIRTHPLACE (City and state or country): St. Louis Co. Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Alfred R. Dix

13b. MOTHER'S MAIDEN NAME: Monica Parks

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of serv) None

17. INFORMANT: Monica Dix, Address: Above

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
   PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Toxicity & infection	
DUE TO (b)	Decubiti and pneumonia	4 wks
DUE TO (c)	Chronic Subdural hematoma	3 mos

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 904.0-21

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

MEDICAL CERTIFICATION

OK Helen L. Taylor 11-13 Signed

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Patient fell at home

20c. TIME OF INJURY Hour a.m. p.m. 8 — Month, Day, Year 8 03

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home 18

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 9-23-63 to 11-12-63 and last saw her him alive on 11-12-63. Death occurred at 7:20 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert L. Glass M.D.

22b. ADDRESS: 1515 Lafayette Ave.

22c. DATE SIGNED: 11-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 11-16-1963

23c. NAME OF CEMETERY OR CREMATORY: Park Hill Cem.

23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo

24. FUNERAL DIRECTOR — ADDRESS: Jay B. Smith, Maplewood, Mo.

25. DATE RECD. BY LOCAL REG.: NOV 14 1963

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed H. E. Burgess

Signature of Student Embalmer

Licensed Embalmer No. 4029

P. O. Address Maplewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.